

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048321

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED JAN 2 1962

Primary Registration District

1003

Registrar's No.

11942

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |   | Length of stay in 1b<br>D.O. A.  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Louis City Hospital   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. CITY OR TOWN St. Louis  |   | d. STREET ADDRESS (If outside, give location)<br>1427 E. Gano Avenue   |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or print)   |   | 4. DATE OF DEATH   |  |
| First Middle Last<br>James E. Feters   |   | Month Day Year<br>December 11, 1962  |  |
| 5. SEX<br>male   | 6. COLOR OR RACE<br>white   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>          | 8. DATE OF BIRTH<br>11-18-1911                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Loader  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Produce Row   |  |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri  |   | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>Lawrence Barney Feters   |   | 13b. MOTHER'S MAIDEN NAME<br>Myrtle Toothmann  |  |
| 14. NAME OF HUSBAND OR WIFE<br>Mrs. Viola Bossart, 1427 E. Gano Ave.   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |   | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br>Mrs. Viola Bossart, 1427 E. Gano Ave.   |   | Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial infarction from<br>Coronary Occlusion<br>4201<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br>Helen L. Taylor, Coroner   |   | 22b. ADDRESS<br>1300 Clark Ave.  | 22c. DATE SIGNED<br>12-13-62   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal   | 23b. DATE<br>12-13-62   | 23c. NAME OF CEMETERY OR CREMATORY<br>Memorial Park Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Normandy, Missouri. |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc. 2161 E. Fair Ave.<br>St. Louis 7, Missouri.   |   | 25. DATE RECD. BY LOCAL REG. DEC 13 1962<br>REGISTRAR'S SIGNATURE<br>Helen L. Taylor, M.D.   |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

NOT EMBALMED

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.